

TYPE OF RETIREMENT (circle one):

SERVICE
ACCIDENTAL DISABILITY

VESTED DEFERRED
ORDINARY DISABILITY

INSTRUCTIONS: To receive a retirement benefit estimate, fill out this form and return to the New Hampshire Retirement System. In up to sixty to ninety days, an estimate will be sent to the mailing address we have on record.

PLEASE PRINT:

Name: _____

Social Security: _____ - _____ - _____

Your Phone No.: (____) _____ (between 8-4PM)

Date of Birth: ____ / ____ / ____

Termination Date: ____ / ____ / ____

Estimated Retirement Date: ____ / ____ / ____

Current Gross Salary: \$ _____ (Yearly)

Expected Severance Pay: \$ _____
(include all leave time, longevity, etc.)

Current Employer: _____

By law, under a survivorship option a single beneficiary can be any person. Multiple beneficiaries, however, must be your children and may include your spouse. The distribution percentage is that portion of a survivorship allowance, expressed as a percent (%), which will be payable to each multiple beneficiary upon your death. The total combined percentages must equal 100%.

If you are interested in survivorship options, please provide:

Beneficiary's Date of Birth: ____ / ____ / ____

Relationship to you: _____

or

Beneficiaries' Date of Birth: ____ / ____ / ____
____ / ____ / ____
____ / ____ / ____

Circle one: son / daughter / spouse ____ %
son / daughter / spouse ____ %
son / daughter / spouse ____ %

I understand this estimate is non-binding: _____

Date: _____